

Butterflies Academy

Admissions Agreement

Child's Name:

Parents Name:

Pre-enrollment Visit Date: Enrollment Date:

1. My child will attend Butterflies Academy on a:

Full Time Basis (Mon-Fri) Full Day (7:30 a.m. – 05:30 p.m.)

Half Day (8:00 a.m. – 12:00 p.m.)

Half Day (2:00 p.m. – 05:30 p.m.)

Part Time Basis

Days: M T W Th F Full Day (8:00 a.m. – 05:00 p.m.)

Days: M T W Th F Half day (8:00 a.m. – 12:00 p.m.)

Days: M T W Th F Half day (2:00 p.m. – 05:30 p.m.)

2. My child will attend Butterflies Academy on the days and hours marked above. If there is any change in my child schedule, I agree to notify the preschool staff as soon as possible.

3. I agree to pay the monthly rate of \$_____ for my child. I understand that tuition is due on the 1st of the month and is considered late after the 7th of the month. A late fee of \$25.00 will be assessed after the 7th of the month. I also understand a \$100 non-refundable registration fee is due at time of enrollment. I understand that there will be a \$25.00 charge assessed for any return checks.

4. I agree to pay a late fee of \$1 per minute for early drop-off and late pick-up, starting at 12:00 for part-day enrollment and 5:30 P.M. for full-day enrollment. Late fees will be added to the following month invoice.

5. I agree to pay \$500 deposit that will be applied to the last month's tuition. I agree to give 30-day written notice upon withdrawing my child from Butterflies Academy, and I understand that if I do so without giving 30-day notice part/all of my deposit will be used to pay the remaining tuition balance for that month and if any additional payment is needed I am responsible in paying the rest of the balance.

6. I agree to give Butterflies Academy permission to transport my child to needed medical facilities in the event of an emergency. I will not hold Butterflies Academy or transporting party responsible for any accident or injury that may occur.

7.

8. I agree to keep all phone numbers, addresses, and emergency contacts up to date. I understand that being able to contact me is of the most importance. I give Butterflies Academy permission to consent to any medical care seen needed by a licensed physician or dentist in an emergency situation. I also understand that I will be notified if such situations occur and will be required to meet staff and child at designated place immediately. After such care is given and I (the parent) are unable to be present my child may be released back into the custody of the Butterflies Academy representative.
9. I agree to complete and submit all the admission forms prior to the 1st day of my child attendance. Physician report can be submitted within 30 days from the first day of school attendance.
10. I have read and received a copy of the Parent Handbook and Fee agreement.
11. Enrollment in each class is limited and expenses for Butterflies Academy continues regardless of attendance, no deductions, credits or refunds can be made for absences, vacations, or holidays. If a long absence is anticipated, please contact Butterflies Academy.
12. Termination of Services
 - a. Butterflies Academy: If it is determined that a child, or the parents of a child, is unable to successfully adjust to the school program, a 30-day notification of termination of services will be rendered.
 - b. Parent: 30-day written notice is required upon termination of services. A refund of advance paid tuition will be given if a 30-day written notice of termination is provided.
13. The Butterflies Academy is operated on a nondiscriminatory basis. Each child is respected as an individual without regard to race, color, religion, national origin or ancestry. Special needs children will be admitted on an individual basis.
14. According to state licensing regulations sections 101195(b) and (c), the Department of Social Services has the authority to conduct private interviews with children and staff, to inspect and audit child or facility records without prior consent, to observe the physical condition of the children, and to have a medical professional examine the children if needed.
15. I agree to abide by all policies in place by Butterflies Academy. I understand that changes may occur without notice.

Parent's Signature: _____ Date _____

*Other: _____ Date _____

Director's Signature _____ Date _____

*Person(s) responsible for payment of the account different than the parents.

Note: Modification on admission agreement will be notified in 30 days in advance.